**ЗАЯВКА (коллективная)**

на прохождение тестирования в рамках Всероссийского физкультурно-спортивного комплекса

**«Готов к труду и обороне» (ГТО)**

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(*наименование организации, учреждения*)

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*(ступень, возрастная категория)*

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| **№** | **ФИО** | **УИН участника** | **Перечень выбранных видов испытаний (тестов)** | | | | | | | | **Допуск врача** |
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Всего в заявке \_\_\_\_\_\_\_\_\_\_\_\_\_человек

Представитель\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Желаемый период сдачи норм ВФСК «ГТО» в 2017 г. (месяц) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Руководитель организации, учреждения\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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